

FILED NOV 10 1945

Registration District No. 3049267 Primary Registration District No. 3049

Registrar's No. 267

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Mayt.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Pemiscot
(c) City or town Mayt.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dallas Paul Thompson

3. (b) If veteran, name war world 1 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 57 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Altoona Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter
11. Industry or business Cabinet maker

MOTHER FATHER { 12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Army Discharge Papers
(b) Address _____

17. (a) Burial (b) Date thereof 10-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mayt. mo

18. (a) Signature of funeral director Walthalla Funeral Home
(b) Address Mayt. mo.

19. (a) 10-3-1945 (b) Thompson Morgan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1945 hour 9 minute A. M.

21. I do not certify that I attended the deceased from 10/27, 1945 to 10/28, 1945 that I last saw him alive on 10/28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart

Due to hypertrophy of heart

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 950

Duration of few hours
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____
23. Signature L.D. Denton (M. D. or other) _____
Address Mayt. Mo. Date 10/31/45

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

8
2
1

10-45-204

NOV 19 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Jack Kelley

Licensed Embalmer No.

3788

P. O. Address

Hayt Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.